DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAL ASSISTANCE ADMINISTRATION Olympia, Washington

To: Pharmacists Memorandum No.: 05-74 MAA

Managed Care Plans Issued: August 1, 2005

From: Douglas Porter, Assistant Secretary For further information, go to:

Medical Assistance Administration http://maa.dshs.wa.gov/pharmacy/

Subject: Prescription Drug Program: Maximum Allowable Cost Updates

Effective for dates of service on and after September 1, 2005, the Medical Assistance Administration (MAA) will implement the following changes to the Prescription Drug Program:

• New additions to the Maximum Allowable Cost (MAC) list; and

• Adjustments to existing MACs.

MAC Additions:

			MAC
			Effective
Generic Name	Strength	Form	09/01/05
CLARITHROMYCIN	250MG	TABLET	\$1.92920
HYDROMORPHONE HCL	4MG	TABLET	\$0.15410
HYDROMORPHONE HCL	8MG	TABLET	\$0.99440
INSULIN NPH HUMAN RECOM	300U/3ML	INSULIN PEN	\$4.22260
METHYLPREDNISOLONE	4MG	TAB DS PK	\$0.11000
OXYCODONE HCL	20MG/ML	ORAL CONC	\$0.63680
TRIMETHOBENZAMIDE HCL	300MG	CAPSULE	\$0.61690

MAC Adjustments:

			MAC
			Effective
Generic Name	Strength	Form	09/01/05
LOPERAMIDE HCL	2MG	CAPSULE	\$0.08500
MUPIROCIN	2%	OINT (GM)	\$0.83040
TRIAMTERENE/			
HYDROCHLOROTHIAZIDE	37.5/25MG	CAPSULE	\$0.06940
TRIAMTERENE/			
HYDROCHLOROTHIAZIDE	37.5/25MG	TABLET	\$0.07000

How can I get MAA's provider issuances?

To obtain MAA's provider numbered memoranda and billing instructions, go to MAA's website at http://maa.dshs.wa.gov (click on the *Billing Instructions/Numbered Memoranda* or *Provider Publications/Fee Schedules link*).

To request a free paper copy from the Department of Printing:

- 1. **Go to: http://www.prt.wa.gov/** (Orders filled daily.)
 - a) Click *General Store*.
 - b) If a **Security Alert** screen is displayed, click **OK**.
 - i. Select either *I'm New* or *Been Here*.
 - ii. If new, fill out the registration and click *Register*.
 - iii. If returning, type your email and password and then click *Login*.
 - c) At the **Store Lobby** screen, click **Shop by Agency**. Select **Department of Social** and **Health Services** and then select **Medical Assistance**.
 - d) Select *Billing Instructions*, *Forms*, *Healthy Options*, *Numbered Memo*, *Publications*, or *Issuance Correction*. You will then need to select a year and the select the item by number and title.
- 2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX (360) 586-6361/ telephone (360) 586-6360. (Orders may take up to 2 weeks to fill.)